EFFICACY AND SAFETY OF ESLICARBAZEPINE ACETATE AS A FIRST OR LATER ADJUNCTIVE THERAPY IN PATIENTS WITH FOCAL SEIZURES

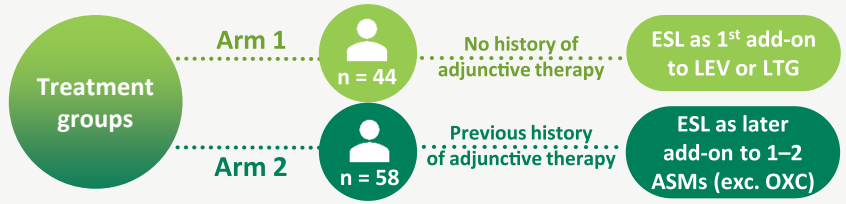
Hixson J, et al. *Epilepsy Res* 2021;171:106561

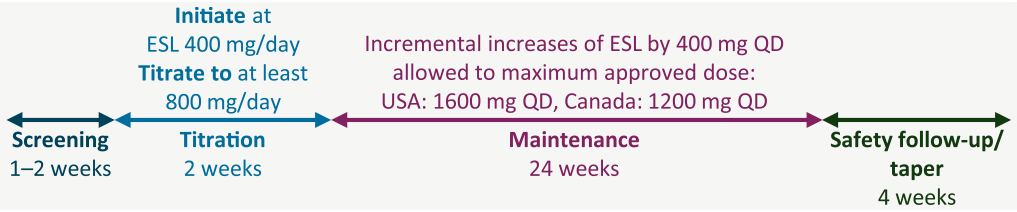
Click here to read the full manuscript online

OBJECTIVE

Evaluate the efficacy and safety of eslicarbazepine acetate (ESL) in an open-label, non-randomized, 24-week study in adults at earlier and later stages of their treatment history for focal seizures, conducted in a real-world clinical setting

STUDY DESIGN



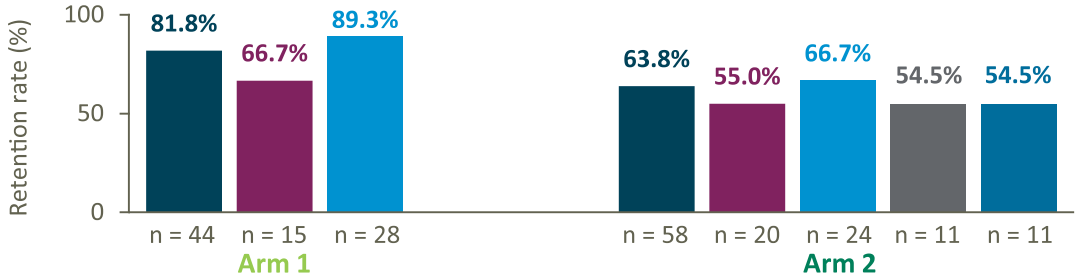


RESULTS

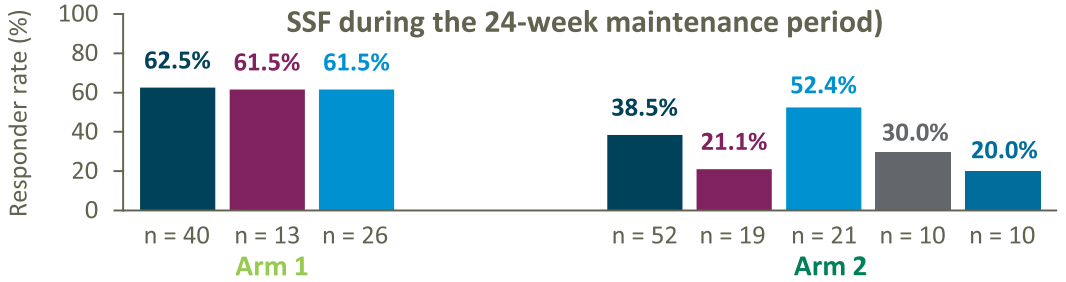
SELECT EFFICACY ENDPOINTS

Total | Lamotrigine | Levetiracetam | Valproic acid (all forms) | Lacosamide

Primary endpoint: Retention Rate (during the 24-week maintenance period)



Responder Rate (proportion of patients with ≥50% reduction in SSF during the 24-week maintenance period)



ADVERSE EVENTS

	Arm 1	Arm 2
Dizziness	18%	24%
Nasopharyngitis	14%	3%
Somnolence	14%	10%
Headache	11%	14%
Nausea	9%	19%
Fatigue	5%	16%
Anxiety	2%	10%
Vomiting	2%	10%

The safety profile was consistent with the known safety profile of ESL

CONCLUSIONS

Open-label ESL was effective* and well tolerated as the first adjunctive therapy to either of the most prescribed first-line anti-seizure medications, LEV or LTG, and as a later adjunctive therapy in treatment-resistant patients

*24-week retention rates were comparable to those reported for other ASMs in the literature (Chung S, et al. Seizure 2007;16:296–304).

Abbreviations: ASM, anti-seizure medication; ESL, eslicarbazepine acetate; LEV, levetiracetam; LTG, lamotrigine; OXC, oxcarbazepine; QD, once daily; SAE, serious adverse event; SSF, standardized seizure frequency (seizures per 4 weeks); TEAE, treatment-emergent adverse event. Reused from Hixson J, et al. Efficacy and safety of eslicarbazepine acetate as a first or later adjunctive therapy in patients with focal seizures. Epilepsy Res 2021;171:106561. https://doi.org/10.1016/j.eplepsyres.2021.106561.

MI-APT-00896 valid as of 01/09/2021.